

Suggestions and Provider Transfer Request Log

Program Name: _____

Month: _____
☐ None (No suggestions or transfer requests occurred this month)

Instructions: Information on client suggestions and provider transfer requests is a monthly reporting requirement. This log is to be faxed to the Program Monitor on a monthly basis (do not fax on months when none are received). Program Monitor shall forward a copy to the Quality Improvement Department of CMHS.

Note: If a problem is not resolved at your program, provide client with information on how to register a grievance/appeal with CCHEA. Clients have the right to file grievance/appeal directly to CCHEA at any time. To register a grievance/appeal, a client can: call and report directly to CCHEA or fill out the grievance/appeal form and mail it to CCHEA.

Date Received	Indicate if this is a suggestion (S), or transfer request (TR)	Suggestion Code	Transfer Request Code	Transfer Request		Description of suggestion or transfer request	Date of Resolution	Describe Resolution/Action Taken
				Out of program	To new provider within the program			

Legend:**Suggestion Code**

1. Billing Issues
2. Care unavailable/unaccessible
3. Conservatorship
4. Staff Issue/Customer Service (i.e. rude, inattentive)
5. Delayed Services/Referral/Appt
6. Denied Services/Referral/Appt
7. Coverage/Enrollment/Disenrollment Problems
8. Language Barriers
9. Marketing/Solicitation Problems
10. Problems w/ payment to provider/Affordability
11. Patients Rights
12. Quality/Appropriateness of Care
13. Unspecified
14. Confidentiality
15. Medication Related
16. Other

Provider Transfer Request was based on the following client preferences. Please list all relevant codes.

1. Availability: Provider not available during hours client can make appointments or client cannot wait until next available appointment.
2. Geography: Client identifies distance, transportation or other geographical reason for requesting change of provider.
3. Language: Client requests provider proficient in a language other than English.
4. Ethnicity: Client requests provider of a specified ethnicity.
5. Culture: Client requests provider of a specified cultural background (other than ethnicity).
6. Gender/Sexual orientation: Client requests provider of a specified gender or sexual orientation.
7. Religious/spiritual orientation: Client requests provider of a specified religious/spiritual orientation.
8. Accessibility: Office is not handicapped accessible or does not otherwise meet client's perceived accessibility needs.
9. Preference: Client does not like provider.
10. Ethics/Complaint: Client expresses ethical concerns regarding provider or had filed a complaint regarding provider.
11. Client unwilling or unable to express why provider transfer if being requested.
12. Other